County: Door SCANDIA VILLAGE GOOD SAMARITAN 290 SMITH DRIVE

290 SMITH DRIVE SISTER BAY 54234 Phone: (920) 854-2317 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 60 Total Licensed Bed Capacity (12/31/00): 60 Number of Residents on 12/31/00: 54 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled Yes Yes 57

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/00	%
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No No No No No Yes	Primary Diagnosis Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardioyascular	% 0. 0 61. 1 0. 0 0. 0 0. 0 0. 0 1. 9 11. 1	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	0. 0 5. 6 27. 8 48. 1 18. 5	Less Than 1 Year 1 - 4 Years More Than 4 Years *************************** Full-Time Equivale Nursing Staff per 100 F (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No Yes No No	Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	14. 8 1. 9 3. 7 5. 6 100. 0	Sex Male Female	11. 1 88. 9 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	13. 0 3. 9 38. 2

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Priva		ri vate	ivate Pay		Manageo	l Care		Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 1	\$117. 31	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	1. 9%
Skilled Care	0	0. 0	\$0.00	28	87.5	\$100.30	0	0. 0	\$0.00	16	72.7	\$132.00	0	0.0	\$0.00	44	81. 5%
Intermediate				3	9.4	\$83. 30	0	0.0	\$0.00	6	27. 3	\$128.00	0	0.0	\$0.00	9	16. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		32 1	00.0		0	0.0		22	100.0		0	0.0		54	100.0%

Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution	of Residents'	Condi ti ons,	Servi ces,	and Activities as of	12/31/00
beachs builing kepoteting terrou	\		% Nee	edi ng		Total
Percent Admissions from:	Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health 13.		Independent	One Or T	Two Staff	Dependent	Resi dents
Private Home/With Home Health 3.		0.0		9. 6	20. 4	54
Other Nursing Homes 17.		7.4		9. 6	13. 0	54
Acute Care Hospitals 44.		27.8		6. 7	5. 6	54
Psych. Hosp MR/DD Facilities 0.		11. 1		1. 5	7. 4	54
Rehabilitation Hospitals 0.		44. 4	40	3. 3	9. 3	54
Other Locations 20.	7 *************	******	******	*******	********	*******
Total Number of Admissions 2				ecial Treat		%
Percent Discharges To:	Indwelling_Or Extern	nal Catheter			espiratory Care	5. 6
Private Home/No Home Health 16.					racheostomy Care	0. 0
Private Home/With Home Health 6.		nt of Bowel	48. 1 J	Receiving S	ucti oni ng	0. 0
Other Nursing Homes 0.				Receiving 0	stomy Care	0. 0
Acute Care Hospitals 6.		1		Receiving T	ube Feeding	3. 7
Psych. Hosp MR/DD Facilities 0.		ed	1. 9 l	Receiving M	echanicallÿ Altered I	iets 27.8
Rehabilitation Hospitals 0.			0.1	D 11		
Other Locations 16.					t Characteristics	100.0
Deaths 54.					e Directives	100. 0
Total Number of Discharges (Including Deaths) 3	With Rashes			dications	anahaastina Dunga	F 2 7
(Including Deaths) 3	l ***********************	******	**********	tecerving P	sychoactive Drugs ********	53. 7

	Ownershi p:		Bed	Si ze:		ensure:			
	This Nonprofit		50-	50- 99		Skilled			
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 0	88. 0	1.08	85. 4	1. 11	84. 1	1. 13	84. 5	1. 12
Current Residents from In-County	83. 3	79. 3	1. 05	72. 9	1. 14	76. 2	1.09	77. 5	1.08
Admissions from In-County, Still Residing	37. 9	24. 2	1. 57	21. 3	1. 78	22. 2	1. 71	21. 5	1. 76
Admi ssi ons/Average Daily Census	50. 9	102. 4	0. 50	101. 3	0. 50	112. 3	0. 45	124. 3	0.41
Discharges/Average Daily Census	54. 4	99. 2	0. 55	101. 3	0. 54	112.8	0.48	126. 1	0.43
Discharges To Private Residence/Average Daily Census	12. 3	33. 8	0. 36	37. 6	0. 33	44. 1	0. 28	49. 9	0. 25
Residents Receiving Skilled Care	83. 3	88. 7	0. 94	89. 6	0. 93	89. 6	0. 93	83. 3	1.00
Residents Aged 65 and Older	100	96. 0	1.04	93. 4	1.07	94. 3	1.06	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	59. 3	68 . 6	0. 86	69. 0	0.86	70. 1	0.85	69. 0	0.86
Private Pay Funded Residents	40. 7	26. 2	1. 56	23. 2	1. 75	21.4	1. 91	22. 6	1.80
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally III Résidents	61. 1	38. 6	1. 58	41.5	1.47	39. 6	1. 54	33. 3	1.83
General Medical Service Residents	5. 6	16. 4	0. 34	15. 4	0. 36	17. 0	0. 33	18. 4	0. 30
Impaired ADL (Mean)	47. 0	46. 9	1.00	47. 7	0. 99	48. 2	0. 98	49. 4	0. 95
Psychological Problems	53. 7	53. 4	1. 01	51. 3	1.05	50.8	1.06	50. 1	1.07
Nursing Care Required (Mean)	6. 5	6. 5	1.00	6. 9	0. 94	6. 7	0. 96	7. 2	0.91